THE TRUTH BEHIND THE VACCINES COVER-UP

US government agencies know that vaccines containing mercury and aluminium have severe neurological effects, yet they've failed to force the manufacturers to remove these toxic metals from most vaccines including those injected into babies.

Part 1 of 2

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I was asked to write a paper on some of the newer mechanisms of vaccine damage to the nervous system, but in the interim I came across an incredible document that should blow the lid off the cover-up being engineered by the pharmaceutical companies in conjunction with powerful governmental agencies.

It all started when a friend of mine sent me a copy of a letter from Congressman David Weldon, MD, to the Director of the Centers for Disease Control (CDC), Dr Julie L. Gerberding, in which he alludes to a study by a Dr Thomas Verstraeten, then representing the CDC, on the connection between infant exposure to thimerosal-containing vaccines and neurodevelopmental injury. In this shocking letter, Congressman Weldon refers to Dr Verstraeten's study which looked at the data from the Vaccine Safety Datalink and found a significant correlation between thimerosal [an ethylmercury sodium salt] exposure via vaccines and several neurodevelopmental disorders including tics, speech and language delays and possibly ADD.

Congressman Weldon questions the CDC director as to why, following this meeting, Dr Verstraeten published his results almost four years later in the journal *Pediatrics* to show just the opposite; that is, that there was no correlation with any neurodevelopmental problems related to thimerosal exposure in infants. In this letter, Congressman Weldon refers to a report of the minutes of this meeting held in Georgia, which exposes some incredible statements by the "experts" making up this study group. The group's purpose was to evaluate and discuss Dr Verstraeten's results and data and make recommendations that would eventually lead to possible alterations in the existing vaccine policy.

I contacted Congressman Weldon's legislative assistant and he kindly sent me a complete copy of this report. Now, as usual in these cases, the government did not give up this report willingly; it required a Freedom of Information Act lawsuit to pry it loose. Having read the report twice and carefully analysed it, I can see why they did not want any outsiders to see it. It is a bombshell, as you shall see. In this analysis, I will not only describe and discuss this report, but also will frequently quote the participants' words directly and supply the exact page number so others can see for themselves.

The official title of the meeting was the "Scientific Review of Vaccine Safety Datalink Information". This conference, held on June 7–8, 2000, at Simpsonwood Retreat Center, Norcross, Georgia, assembled 51 scientists and physicians, of which five represented vaccine manufacturers. These included Smith Kline Beecham, Merck, Wyeth, North American Vaccine and Aventis Pasteur.

During this conference, these scientists focused on the study of the Datalink material, whose main author was Dr Thomas Verstraesten who identified himself as working at the National Immunization Program of the CDC. It was discovered by Congressman Weldon that Dr Verstraeten left the CDC shortly after this conference to work in Belgium for GlaxoSmithKline, which manufacturers vaccines—a recurring pattern that has been given the name "revolving door". It is also interesting to note that GlaxoSmithKline was involved in several lawsuits over complications secondary to their vaccines.

To start off the meeting, Dr Roger Bernier, Associate Director for Science in the National Immunization Program (CDC), relates some pertinent history. He states that Congressional action in 1977 required that the Food and Drug Administration (FDA) review mercury being used in drugs and biologics (vaccines). In meeting this order, the FDA called for information from the manufacturers of vaccines and drugs. He notes that a group of European regulators and manufacturers met in April 1999 and noted the situation but made no recommendations of changes. In other words, it was all for show.

At this point, Dr Bernier makes an incredible statement (page 12). "In the United States there was a growing recognition that cumulative exposure may exceed some of the guidelines." By "guidelines", he is referring to guidelines for mercury exposure safety levels set by several regulatory agencies. The three guidelines were set by the Agency for Toxic Substances and Disease Registry (ATSDR), the FDA and the Environmental Protection Agency (EPA). The most consistently violated safety guideline was that set by the EPA. He further explained that he was referring to children being exposed to thimerosal in vaccines.

Based on this realisation that they were violating safety guidelines, he says that this then "resulted in a joint statement of the Public Health Service [PHS] and the American Academy of Pediatrics [AAP] in July of last year [1999], which stated that as a long-term goal it was desirable to remove mercury from vaccines because it was a potentially preventable source of exposure" (page 12).

As an aside, one has to wonder where the Public Health Service and American Academy of Pediatrics were during all the years of mercury use in vaccines and why they didn't know that, firstly, they were exceeding regulatory safety levels and, secondly, why they weren't aware of the extensive literature showing deleterious effects on the developing nervous system of babies. As we shall see, even these "experts" seem to be cloudy on the mercury literature.

Dr Bernier notes that, in August 1999, a public workshop was held at Bethesda in the Lister Auditorium by the National Vaccine Advisory Group and the Interagency Working Group on Vaccines to consider thimerosal risk in vaccine use. And based on what was discussed in that conference, thimerosal was removed from the hepatitis B vaccine (HepB).

It was disclosed that thimerosal [an ethylmercury sodium salt] was in all influenza vaccines, DPT (and most DtaP) vaccines and all hepatitis B vaccines.

It is interesting to note that the media have taken very little interest in what was learned at that meeting, and it may have been a secret meeting as well. As we shall see, there is a reason why they struggle to keep the contents of all these meetings secret from the public.

Dr Bernier then notes (page 13) that in October 1999 the Advisory Committee on Immunization Practices (ACIP) "looked this situation over again and did not express a preference for any of the vaccines that were thimerosal free". In this discussion, he further notes that the ACIP concluded that thimerosal-containing vaccines could be used, but the "long-term goal" is to try to remove thimerosal as soon as possible.

Now, we need to stop and think about what has transpired here. We have an important group, the ACIP, which essentially plays a role in vaccine policy that affects tens of millions of children every year. And we have evidence from the thimerosal meeting in 1999 that the potential for serious injury to the infant's brain is so serious that a recommendation for thimerosal removal becomes policy. In addition, they are all fully aware that tiny babies are receiving mercury doses that exceed even EPA safety limits, yet all they can say is that we must "try to remove thimerosal as soon as possible". Do they not worry about the tens of millions of babies who will continue to receive thimerosal-containing vaccines until they can get around to stopping the use of thimerosal?

It should also be noted that it is a misnomer to say "removal of thimerosal", since they are not removing anything. They just plan to stop adding it to future vaccines once they use up existing stocks, which entails millions of doses. And incredibly, the government allows them to do it. Even more incredibly, the American Academy of Pediatrics and the American Academy of Family Practice similarly endorse this insane policy. In fact, they specifically state that children should continue to receive the thimerosal-containing vaccines until a new thimerosal-free vaccine can be manufactured at the will of the manufacturers. Are they afraid that there will be a sudden diphtheria or tetanus epidemic in America?

The most obvious solution is to use only single-dose vials, which require no preservative. So, why don't they use them? Oh, they exclaim, it would add to the cost of the vaccine. Of course, we are only talking about a few dollars per vaccine at most, certainly worth the health of your child's brain and future. They could use some of the hundreds of millions of dollars they waste on vaccine promotion every year to cover these costs for the poor. But then that would cut into some fat-cat's budget, and we can't have that!

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IGNORANCE OF THE EXPERTS

As they begin to concentrate on the problem at hand, we first begin to learn that the greatest problem with the meeting is that the scientists and physicians know virtually nothing about what they are doing.

On page 15, for example, they admit that there is very little pharmacokinetic data on ethylmercury, the form of mercury in thimerosal. In fact, they said that there is no data on excretion and the data on toxicity are sparse—yet thimerosal is recognised to cause hypersensitivity, neurological problems and even death, and is known to pass the blood-brain barrier and the placental barrier easily.

Therefore, what they are admitting is that we have a form of mercury that has been used in vaccines since the 1930s and no one has bothered to study the effects on biological systems, especially the brain of infants. Their defence throughout this conference is "We just don't know the effects of ethylmercury". As a solution, they resort to studies on methylmercury because there are thousands of studies on this form of mercury. The major source of this form is seafood consumption.

It takes them a while to get the two forms of mercury straight, since for several pages of the report they say that methylmercury, rather than ethylmercury, is in thimerosal. They can be forgiven for this. On page 16, Dr Johnson, an immunologist and paediatrician at the University of Colorado School of Medicine and the National Jewish Center for Immunology and Respiratory Medicine, notes that he would like to see the incorporation of wide margins of safety; that is, threefold to tenfold margins of safety to "account for data uncertainties". What he means is that there are so many things we do not know about this toxin that we had better use very wide margins of safety. For most substances, the FDA uses a 100-fold margin of safety. The reason for this, which they do not mention, is that in a society of hundreds of millions of people there are groups who are much more sensitive to the toxin than others; for instance, the elderly, the chronically ill, the nutritionally deficient, small babies, premature babies, those

on certain medications, those with inborn defects in detoxification, just to name a few. In fact, in this study they excluded premature and low-birth-weight babies from the main study, some of whom had the highest mercury levels, because they would be hard to study and because they had the most developmental problems related to the mercury.

On page 16 as well, Dr Johnson makes an incredible statement, one that defines the problem we have with the promoters of these vaccines. He states: "As an aside, we found a cultural difference between vaccinologist and environmental health people in that many of us in the vaccine arena have never thought about uncertainty factors before. We tend to be relatively concrete in our thinking." Then he says: "One of the big cultural events in that meeting...was when Dr Clarkson repetitively pointed out to us that we just didn't get it about uncertainty, and he was actually quite right." This is an incredible admission. What is a vaccinologist? Do you go to school to learn to be one? How many years of residency training are required to be a vaccinologist? Are there board exams? It's a stupid term used to describe people who are obsessed with vaccines—not that they actually study the effects of the vaccines, as we shall see throughout this meeting.

Most important is the admission by Dr Johnson that he and his fellow "vaccinologists" are so blinded by their obsession with forcing vaccines on society that they have never even considered that there might be factors involved, the so-called "uncertainties", that could greatly affect human health. Further, that he and his fellow "vaccinologists" like to think in concrete terms; that is, they are very narrow in their thinking and wear blinders that prevent them from seeing the numerous problems occurring with large numbers of vaccinations in infants and children. Their goal in life is to vaccinate as many people as possible with an ever-growing number of vaccines.

On page 17, his "concrete thinking" once again takes over. He refers to the Bethesda meeting on thimerosal safety issues and says that "there was no evidence of a problem, only a theoretical concern that young infants' developing brains were being exposed to an organomercurial". Of course, as I shall point out later, it is a lot more than a "theoretical concern". He then continues by saying, "We agree that while there was no evidence of a problem, the increasing number of vaccine injections given to infants was increasing the theoretical mercury exposure risk".

It's hard to conceive of a true scientist not seeing the incredible irony of these statements. The medical literature abounds with studies on the deleterious effects of mercury on numerous enzymes, mitochondrial energy production, synaptic function, dendritic retraction, neurotubule dissolution and excitotoxicity, yet he sees only a "theoretical risk" associated with an ever-increasing addition of thimerosal-containing vaccines.

It is also important to note that these geniuses never even saw a problem in the first place; it was pressure from outside scientists, parents of affected children and groups representing them who pointed out the problem. They were, in essence, reacting to pressure from outside the "vaccinologists club" and not discovering internally that a problem "might" exist. In fact, if these outside groups had not become involved, these "vaccinologists" would have continued to add more and more mercury-containing vaccines to the list of required vaccines. It was only when the problem became so obvious—that is, of epidemic proportion (now close to that)—and the legal profession became involved that they even noticed there was a problem. This is a recurring theme in the government's regulatory agencies, as witnessed with fluoride, aspartame, MSG, dioxin and pesticides issues.

It is also interesting that Dr Johnson does admit that the greatest risk is among low birth-weight and premature infants. Now why would that be if there existed such a large margin of safety with mercury used in vaccines? Could just a few pounds of body weight make such a dramatic difference? In fact it does, but it also means that normal birth-weight children, especially those near the low range of normal birth weight, are also in greater danger. It also means that children receiving doses of mercury higher than the 72 μg in this study would be at high risk as well because their dose, based on body weight, would be comparable to that of the low birth-weight children receiving the lower dose. This is never even considered by these "vaccinologist experts" who decide policy for your children.

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DIFFICULTIES FOR CHILDREN IN THE THIRD WORLD

Now this next statement should shock everyone, but especially the poor who may in any way think that these "vaccinologist" experts have their best interests in mind.

Dr Johnson says on page 17: "We agree that it would be desirable to remove mercury from US-licensed vaccines, but we did not agree that this was a universal recommendation that we would make because of the issue concerning preservatives for delivering vaccines to other countries, particularly developing countries, in the absence of hard data that implied that there was in fact a problem."

So, here you have it. The data are convincing enough that the American Academy of Pediatrics and the American Academy of Family Practice as well as the regulatory agencies and the CDC all recommend mercury's removal as quickly as possible from US-licensed vaccines because of concerns about the adverse effects of mercury on brain development, but don't recommend the same for vaccines given to children in developing countries. I thought the whole idea of child health programs in the United States directed toward the developing world was to give poor children a better chance in an increasingly competitive world. This policy being advocated would increase the neurodevelopmental problems seen in poor children of developing countries (as well as in the US), impairing their ability to learn and develop competitive minds. Remember, there was a representative of the World Health Organization (WHO), Dr John Clements, serving on this panel of "experts". He never challenges this statement made by Dr Johnson.

It also needs to be appreciated that children in developing countries are at a much greater risk of complications from vaccinations and from mercury toxicity than are children in developed countries. This is because of poor nutrition, concomitant parasitic and bacterial infections and a high incidence of low birth weight in these children. We are now witnessing a disaster in African countries caused by the use of older, live-virus polio vaccines, which has now produced an epidemic of vaccine-related polio; that is, polio caused by the vaccine itself. In fact, in some African countries, polio was not seen until the vaccine was introduced.

The WHO and the "vaccinologist experts" from the US now justify a continued polio vaccination program with this dangerous vaccine on the basis that now they've created the epidemic of polio, they cannot stop the program. In a recent article it was pointed out that this is the most deranged reasoning, since more vaccines will mean more vaccine-related cases of polio. But then "vaccinologists" have difficulty with these "uncertainties". (Refer to Jacob, J.T., "A developing country perspective on vaccine-associated paralytic poliomyelitis", *WHO Bulletin* 2004; 82:53-58; see commentary by D. M. Salisbury at the end of the article.)

Then Dr Johnson again emphasises the philosophy that the health of children is secondary to "the program" when he says, "We saw some compelling data that delaying the birth dose of HepB vaccine would lead to significant disease burden as a consequence of missed opportunity to immunize". This implies that our children would be endangered from the risk of hepatitis B, should the vaccine program stop vaccinating newborns with the HepB vaccine.

In fact, this statement is not based on any risk to US children at all and he makes that plain when he states that "the potential impact on countries that have 10% to 15% newborn hepatitis B exposure risk was very distressing to consider" (page 18). In other words, the risk is not to normal US children but to children in developing countries. In fact, hepatitis B is not a risk until the teenage years and after in the United States. The only at-risk group among children is with children born to drug-using parents, mothers infected with hepatitis B, or HIV-infected parents. The reason for vaccinating the newborns is to capture them before they can escape the vaccine program of the "vaccinologists".

This is a tactic often used to scare mothers into having their children vaccinated. For example, they say that, if children are not vaccinated against measles, millions of children could die during a measles epidemic. They know this is nonsense. They are using examples taken from developing countries where epidemic deaths can occur among populations with poor nutrition and poor immune function. In the United States we would not see this because of better nutrition, better health facilities and better sanitation. Actually, most deaths seen when measles outbreaks occur in the United States occur in children for whom vaccination was contraindicated, children in whom the vaccine did not work or in children with chronic, immune-suppressing diseases. In fact, in most studies these children catching measles or other childhood diseases have been either fully immunised or partially immunised. The big secret among "vaccinologists" is that anywhere from 20% to 50% of children are not resistant to the diseases for which they have been immunised.

Also on page 18, Dr Johnson tells the committee that it was Dr Walt Orenstein who "...asked the most provocative question which introduced a great deal of discussion. That was, should we try to seek neurodevelopmental outcomes for children exposed to varying doses of mercury by utilizing the Vaccine Safety Datalink data from one or more sites?"

I take it from this that no one ever even thought of looking at the data that had just been sitting there unreviewed all these years. Children could have been dropping like flies or suffering from terrible neurodevelopmental defects caused by the vaccine program, and no one in the government would have known. In fact, that is exactly what the data suggested was happening, at least as regards neurodevelopmental delays.

We should also appreciate that the government sponsored two conferences on the possible role of metals—aluminium [aluminum] and mercury—being used in vaccines, but instituted no change in vaccine policy after the meetings. These conferences were held a year before this June 2000 meeting and before any examination of the data, which were being held onto tightly by the CDC—data which were denied to other independent, highly qualified researchers.

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THE NEUROTOXICITY OF ALUMINIUM

I will write more about what was discussed at the aluminum conference later. It is very important and is only briefly referred to at this conference for a very good reason. If the public knew what had been discussed at the aluminium meeting, no one would ever again get a vaccination using the presently manufactured types of vaccines.

Despite what was discussed at the aluminium meeting and the scientific literature on the neurotoxicity of aluminum, Dr Johnson makes the following remark: "aluminum salts have a very wide margin of safety. aluminium and mercury are often simultaneously administered to infants, both at the same site and at different sites." Also on page 20 he states: "However, we also learned that there is absolutely no data, including animal data, about the potential for synergy, additively or antagonism [*sic*], all of which can occur in binary metal mixtures..."

It is important here to appreciate a frequently used deception by those who are trying to defend an indefensible practice. They use the very same language just quoted; that is, that there are no data to show..., etc., etc. They intend it to convey the idea that the issue has been looked at and studied thoroughly and that no toxicity has been found. In truth, it means that no one has looked at this possibility, and there have been no studies that would give us an answer one way or the other.

In fact, we know that aluminium is a significant neurotoxin and that, as such, it shares many common mechanisms with mercury.

For example, they are both toxic to neuronal neurotubules, interfere with antioxidant enzymes, poison DNA repair enzymes, interfere with mitochondrial energy production, block the glutamate reuptake proteins (GLT-1 and GLAST), bind to DNA and interfere with neuronal membrane function. Toxins that share toxic mechanisms are almost always additive and frequently synergistic in their toxicity. So, Dr Johnson's statement is sheer nonsense.

A significant number of studies show that both of these metals play a major role in all of the neurodegenerative disorders. It is also important to remember that both of these metals accumulate in the brain and spinal cord. This makes them accumulative toxins and therefore makes them much more dangerous than rapidly excreted toxins.

To jump ahead, on page 23 Dr Tom Sinks, Associate Director for Science at the National Center for Environmental Health at the CDC and Acting Division Director for the Division of Birth Defects, Developmental Disabilities and Health, asks: "I wonder is there a particular health outcome that is related to aluminum salts that may have anything that we are looking at today?" Dr Martin Meyers, Acting Director of the National Vaccine Program Office, answers: "No, I don't believe there are any particular health concerns that were raised." This is after an aluminium conference held the previous year that did indeed find significant health concerns and an extensive scientific literature showing aluminium to be of great concern.

On page 24, Dr William Weil, a paediatrician representing the Committee on Environmental Health of the American Academy of Pediatrics, brings some sense to the discussion by reminding participants of "...a host of neurodevelopmental data that would suggest that we've got a serious problem. The earlier we go, the more serious the problem." Here he means that the further back you go during the child's brain development, the more likely the damage to the infant. I must give him credit; at least he briefly recognises that a significant amount of brain development does take place later. He also reminds his colleagues that aluminium produces severe dementia and death in dialysis cases. He concludes by saying, "To think there isn't some possible problem here is unreal" (page 25).

Not to let it end there, Dr Meyers adds: "We held the aluminum meeting in conjunction with the metal ions in biology and medicine meeting; we were quick to point out that in the absence of data, we didn't know about additive or inhibitory activities." Once again, we see the "no data" ploy. There are abundant data on the deleterious effects of aluminium on the brain, a significant portion of which came out in that very meeting.

MERCURY NEUROTOXICITY

Dr Johnson also quotes Dr Thomas Clarkson (who identifies himself as associated with the mercury program at the University of Rochester) as saying that delaying the HepB vaccine for six months or so would not affect the mercury burden (page 20). He makes the correct conclusion when he says: "I would have thought that the difference was in the timing. That is, you are protecting the first six months of the developing central nervous system."

Hallelujah! For a brief moment I think they have stumbled on one of the most basic concepts in neurotoxicology. Then Dr Meyers dashes my hopes by saying that single, separated doses would not affect blood levels at all.

At this juncture, we need a little enlightenment. It is important to appreciate that mercury is a fat-soluble metal; that is, it is stored in the body's fat. The brain contains 60% fat and therefore is a common site for mercury storage. Now, they establish in this discussion that about half the methylmercury is excreted over several months when ingested.

A recent study found that ethylmercury has a half-life of seven days. Even so, a significant proportion of the mercury will enter the brain (it has been shown to pass easily through the blood-brain barrier), where it is stored in the phospholipids (fats). With each new dose—and remember, these children receive as many as 22 doses of these vaccines—another increment is added to the brain storage depot. This is why we call mercury an accumulative poison. They never once, not once, mention this vital fact throughout the entire conference. Not once. Moreover, they do so for a good reason: it gives the unwary, those not trained in neuroscience, assurance that all that matters here is the blood level.

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In fact, on page 163, Dr Robert Brent, a developmental biologist and paediatrician at Thomas Jefferson University and Dupont Hospital for Children, says that we don't have data showing accumulation and that "with the multiple exposures you get an increasing level, and we don't know whether that is true or not". He redeems himself somewhat by pointing out that some of the damage is irreversible and that more irreversible damage occurs with each dose, and in that way it is accumulative.

On page 21, Dr Thomas Clarkson makes an incredible statement, implying that he knows of no studies which show that exposure to mercury after birth or at six months would have deleterious effects. Dr Isabelle Rapin, a neurologist for children at Albert Einstein College of Medicine, follows up by saying she is "not an expert on mercury in infancy" but knows mercury can affect the nerves (peripheral nervous system). So, here is one of our experts admitting that she knows little about the effects of mercury on the infant. My question is: why is she here? Dr Rapin states that she has a keen interest in developmental disorders, in particular those involving language and autism, yet she knows little about the effects of mercury on the infant brain.

This conference is concerned with the effects of mercury in the form of thimerosal on infant brain development, yet throughout this conference our experts, especially the "vaccinologists", seem to know little about mercury except limited literature that shows no toxic effects except at very high levels. None of the well-known experts was invited, such as Dr Ascher from Bowman Grey School of Medicine or Dr Haley Boyd, who has done extensive work on the toxic effects of low concentrations of mercury on the central nervous system (CNS). They were not invited because they would be harmful to the true objective of this meeting, which was to exonerate mercury in vaccines.

Several times throughout this conference, Dr Brent reminds everyone that the most sensitive period for the developing brain is during the early stages of pregnancy. In fact, he pinpoints the 8th to 18th weeks as the period of neuromaturation. In fact, the most

rapid period of brain maturation, synaptic development and brain pathway development is during the last three months of pregnancy, and it continues until two years after birth. This is often referred to as the "brain growth spurt". This is also not mentioned once in this conference, again because if mothers knew that their child's brain was busy developing for up to two years after birth they would be less likely to accept this "safety of mercury" nonsense which these "vaccinologists" proclaim.

The brain develops over 100 trillion synaptic connections and tens of trillions of dendritic connections during this highly sensitive period. Both dendrites and synapses are very sensitive, even to very low doses of mercury and other toxins. It has also been shown that subtoxic doses of mercury can block the glutamate transport proteins that play such a vital role in protecting the brain against excitotoxicity.

Compelling studies indicate that damage to this protective system plays a major role in most of the neurodegenerative diseases and abnormal brain development as well.

Recent studies have shown that glutamate accumulates in the brains of autistic children, yet the experts seem to be unconcerned about mercury, a substance that is very powerful in triggering brain excitotoxicity.

It is also interesting to see how many times Dr Brent emphasises that we do not know the threshold for mercury toxicity in the developing brain. Again, that is not true. We *do* know, and the *Journal of Neurotoxicology* states that anything above 10 μg is neurotoxic. The WHO in fact states that there is *no* safe level of mercury.

On page 164, Dr Robert Davis, Associate Professor of Pediatrics and Epidemiology at the University of Washington, makes a very important observation. He points out that in a population like the United States you have individuals with varying levels of mercury from other causes (diet, living near coal-burning facilities, etc.), and by vaccinating everyone you raise those with the highest levels even higher and bring those with median levels into a category of higher levels. The "vaccinologists" with their problem of "concrete thinking" cannot seem to appreciate the fact that not everyone is the same. That is, they fail to see these "uncertainties".

The World Health Organization in fact states that there is *no* safe level of mercury [in the body].

To emphasise this point further, let's take a farming family who lives within three miles of a coal-burning electrical plant. Since they also live near the ocean, they eat seafood daily. The fertilisers, pesticides and herbicides used on the crops contain appreciable levels of mercury.

The coal-burning electrical plant emits high levels of mercury in the air they breathe daily, and the seafood they consume has levels of mercury higher than EPA safety standards. This means that any babies born to these people will have very high mercury levels. Once born, they are given numerous vaccines containing even more mercury, thereby adding significantly to their already high mercury burden.

Are these "vaccinologists" trying to convince us that these children don't matter and that they are to be sacrificed at the altar of the "vaccine policy"?

LEVELS OF "ACCEPTABLE EXPOSURE"

Recent studies by neurotoxicologists have observed that as our ability improves at detecting subtle toxic effects, especially on behaviour and other neurological functions, we lower the level of acceptable exposure. In fact, Dr Sinks brings up that exact point, using lead as an example. He notes that as our neurobehavioural testing has improved, we have lowered the acceptable dose considerably and continue to do so. Dr Johnson has the audacity to add that "The smarter we get, the lower the threshold". Yet, neither he nor the other participants seems to be getting any smarter concerning this issue.

Dr Robert Chen, Chief of Vaccine Safety and Development at the National Immunization Program at the CDC, then reveals why they refuse to act on this issue. On page 169 he says: "...the issue is that it is impossible, unethical to leave kids unimmunized, so you will never, ever resolve that issue. So then we have to refer back from that." In essence, immunisation of the children takes precedence over safety concerns with the vaccines themselves. If the problem of vaccine toxicity cannot be solved, as he seems to be saying, then we must accept that some kids will be harmed by the vaccines.

Dr Brent makes the statement that he knows of no known genetic susceptibility data on mercury and therefore assumes there is a fixed threshold of toxicity; that is, that everyone is susceptible to the same dose of mercury and that there are no genetically hypersensitive groups of people.

In fact, a recent study found just such a genetic susceptibility in mice. Researchers found that mice susceptible to autoimmunity developed neurotoxic effects, including excitotoxicity, in their hippocampus—effects not seen in other strains of mice. They even hypothesised that the same may be true in humans, since familial autoimmunity increases the likelihood of autism in offspring (Hornig, M., Chian, D., Lipkin, W.I., "Neurotoxic effects of postnatal thimerosal are mouse-strain dependent", *Mol. Psychiatry*, 2004, in press).

For the next quotation, you need a little discussion to be able to appreciate the meaning. They are discussing the fact that, in Dr Verstraeten's study, frightening correlations were found between the higher doses of thimerosal and problems with neurodevelopment, including ADD and autism. The problem with the study was that there were so few children who had received no thimerosal-containing vaccines that a true control group could not be used. Instead, they had to use children getting 12.5 μg of mercury as the control, and some even wanted to use a control dose of 37.5 μg. So the controls had mercury levels that could indeed cause neurodevelopmental problems. Even with this basic flaw, a strong positive correlation was found between the dose of mercury given and these neurodevelopmental problems.

It was proposed that they compare a group of children receiving non-thimerosal vaccines with a group receiving vaccines containing thimerosal. In fact, we later learn that they had a large

Continued on page 74

Continued from page 22

group of children who could have been used as a thimerosal-free control. It seems that for two years before this conference, Bethesda Naval Hospital had been using only thimerosal-free vaccines to immunise children. They knew this, and I would assume someone would have told Dr Verstraeten of this important fact before he did his study.

So, now to the quote. Dr Braun responds (page 170) to the idea of starting a new study using such thimerosal-free controls by saying: "Sure we will have the answer in five years. The question is: what can we do now with the data we have?"

Well, we have the answer to that: they simply cover up this study, declare that thimerosal is of no concern and continue the unaltered policy. That is, they can suggest the pharmaceutical manufacturers of vaccines remove the thimerosal, without making it mandatory or examining the vaccine to make sure the thimerosal has been removed.

Let's take a small peek at just how much we can trust the pharmaceutical manufacturers to do the right thing.

Several reports have surfaced of major violations of vaccine manufacturing policy which have been cited by the regulatory agencies.

These include obtaining plasma donations without taking adequate histories from donors as to disease exposures and previous health problems, poor record-keeping on these donors, improper procedures and improper handing of specimens.

That these are not minor violations is emphasised by the discovery that a woman with variant Creutzfeldt–Jakob disease (vCJD) was allowed to give plasma to be used in vaccines in England.

In fact, it was only after the contaminated plasma was pooled and used to make millions of doses of vaccines that her disease was discovered. British health officials told the millions of vaccinated not to worry, since they have no idea if this vaccine will really spread the disease.

Contamination of vaccines is a major concern in the US as well, as the regulatory violations make plain. It is also important to note that no fines were imposed in the UK in these instances—just warnings.

Continued next issue ...

About the Author:

Board-certified neurosurgeon Dr Russell Blaylock has practised neurosurgery for the past 26 years and runs a successful private nutritional practice. He serves on the editorial staff of the *Journal of the American Nutraceutical Association* and on the editorial board of the *Journal of American Physicians and Surgeons*, the official journal of the Association of American Physicians and Surgeons.

His first book, *Excitotoxins: The Taste That Kills*, demonstrated the link between food additives and degenerative diseases. Dr Blaylock has also contributed to three medical textbooks and has written and illustrated booklets on multiple sclerosis and bioterrorism. He is also the author of two recently released books, *Health and Nutrition Secrets That Can Save Your Life* and *Natural Strategies for Cancer Patients*. His article, "Excitotoxins: Dangerous Food Additives" was reprinted in NEXUS 7/04–05.

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